								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000								79726624					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS							ſ	RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F		OR		710.00	
TOTAL CHARGEABLE CLAIMS			->2	nus 20=	. 38			X\$ [.] 9=		OR	2640	684	
IND	EPENDENT C	8 m	inus 3 =	. 5			X40=		OR	X80=	400		
MU	ILTIPLE DEPE	NDENT CLAIM P	RESENT									70-	
• 11	the difference	in čolumn 1 is	less than zero, enter "0" in co			column 2	Į	+135=		OR	+270=	1.671	
$(\mathcal{E}_{i\Lambda})_{i}$								TOTAL	ــــــــــــــــــــــــــــــــــــــ	JOR	TOTAL	1794	
Column 1) (Column 2) (Column 3)								SMAL	L ENTITY	OR	SMALL		
NTA		CLAIMS REMAINING AFTER		HIGH NUM PREVIO	BER	PRESENT EXTRA	<i>i</i> —	RATE			RATE	ADDI- TIONAL	
AMENDMENT	Total =	AMENDMENT 34	Minus	PAID •• 5	B	= 0		X\$ 9=	FEE	OR	X\$18=	FEE /	
AME	Independent	• 7	Minus	••• 6	3	= //		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						, (+135=		OR	+270=	/	
5	The second of the second secon							TOTA	u \	OR	TOTAL	+ +	
	(Column 1) (Column 2) (Column 3)						A	ODIT. FE	E	Tou	ADDIT. FEE	3	
0		CLAIMS REMAINING		HIGH	EST	PRESENT EXTRA	1 г		ADDI-	1		ADDI-	
AMENDMENT	·	AFTER AMENDMENT		PREVIO PAID	DUSLY			RATE	TIONAL FEE		RATE	TIONAL FEE	
NDN	Total	è	Minus	••		=		X\$ 9=		OR	X\$18=	•	
ME	Independent		Minus	•••		=	İ	X40=		OR	X80=		
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM		ŀ	+135=	†	OR	+270=		
-				•			L	TOTA DDIT. FE		l,, '	TOTAL		
	(Column 1) (Column 2) (Column 3)								<u> </u>		ADDIT. FEE		
O		CLAIMS REMAINING		HIGH NUMI	EST BER	PRESENT	Γ		ADDI-			ADDI-	
EN		AFTER AMENDMENT		PREVIO PAID		EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT C	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	ï	
ME	Independent				-		X40=		OR	X80=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=	1				
• 14	* If the entry in column 1 is less than the entry in column 2, write *0" in column 3.								<u> </u>	OR	+270≃		
** 11	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT: FEE		
T	he "Highest Num	mber Previously Pai ber Previously Pai	d For (Total o	Independe	ent) is the	highest number	foun	d in the a	ppropriate bo	x in col	umn 1 .		

FORM PTO-875 (Rev. 8/00)

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